



Customer Information

Business Name:
Business Address:
Mailing Address if different:
Phone Number: Fax Number:
Business Tax ID Number: Primary checking account #:
\*This account will be debited for any fees that may apply (if any)

Assign Customer Administrator or User

Name: Title: Telephone:
Email: Fax Number:
Security Question: Security Answer:

Revoke Administrators Access Name: Email:

Requested Services

Please select one of the following choices:
New Change Delete Add to existing profile #

Requested Cash Management Modules

Please choose the service(s) that will be used:
ACH Remote Deposit Capture Positive Pay Funds Transfer Bill Pay E-Statements

Account Information

Table with 3 columns: Account Number, Account Type (Checking, Savings, etc.), Account Nickname (optional). Rows 1-4.

Please attach spreadsheet for additional accounts.

Agreement

By signing below, I/we confirm that: (a) I/we have read and understand the Seacoast Commerce Business Online Agreement; (b) I/we have read the Agreement and agree to be bound by its terms; (c) any authorized signer on any of the accounts listed above may access and conduct on-line transactions involving any of the accounts listed above; (d) you may issue a password to each of the authorized signers on the accounts. NOTE: At least one account owner must sign below.

Company Authorization:

Seacoast Commerce Bank Account Officer:

Signature

Signature

Print Name and Title

Print Name and Title

For Bank Use Only: Business Online ID# Approval Date: